|  |  |  |
| --- | --- | --- |
| 6200 Cochran Rd. Solon, OH 44139 Email: info@wraptite.com | PHONE: 440-349-5400 | FAX: 440.349.5432 www.wraptite.com |

|  |  |
| --- | --- |
| **Customer Details** | |
| *Customer name:* |  |
| *Customer Address:* |  |
| **Customer Complaint Contact Name and Phone No.:** |  |
| *Date of Complaint:* |  |
| *PO No. and date:* |  |
|  | |
| *Product Quality Issue:* |  |
| *Other Issue (pls describe):* |  |
| **OE, CE, SE, TI, ED, CD, SD** |  |
| *Item No.* |  |
| *Description of the Problem:* |  |
| **Pls send pictures of the quality complaint with this form** |  |
| **Provide Invoice# & Lot# if available** |  |
| *Sample Available:* |  |
| *Product Available for return* |  |
| *If yes, what quantity and where from:* |  |
|  |  |
| *Submitted by/Date:* |  |
| *Re-Stocking Fee if applicable* |  |
| **Root Cause of the complaint** | |
| **OE - Order Entry, CE - Customer Error, SE - Shipping Error, TI - Transit Issue, ED - Ext Defect, CD - Converting Defect, SD - Supplier Defect** |  |
| **QC Department Review** | |
| *Samples Received on:* |  |
| *Samples Review Decision:* |  |
| *RMA No.* |  |
| **Shipping Dept - Return Details** | |
| *RMA Pickup Date:* |  |
| *RMA received on- date:* |  |
| **QC Department Final Disposition:** | |
| *Corrective Action:* |  |
| **SK - Stock, YT - Yellow Tag, RT - Red Tag, SR- Supplier Return** | |
| *RMA disposition:* **SK, YT, RT, SR** |  |
|  |
| **Internal Copies - Signature required** | |
| ***Copy 1*** | Sales Manager |
| ***Copy 2*** | QC Manager |
| ***Copy 3*** | Shipping Manager |
| ***Copy 4*** | Production/Purchasing Manager |